



John J. Barthelmes
Commissioner of Safety
Richard C. Bailey, Jr.
Director of Motor Vehicles

STATE OF NEW HAMPSHIRE
NH DEPARTMENT OF SAFETY
Division Of Motor Vehicles
23 Hazen Drive, Concord, NH 03305
603- 227-4120

☐ NEW
☐ RENEWAL
☐ LOCATION CHANGE
☐ NAME CHANGE
☐ DEALER #: _____

APPLICATION FOR AUTOMOTIVE RECYCLING DEALER REGISTRATION
RSA 261:123

BUSINESS IS: ☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR **SS/FED ID #:** _____

CORPORATE NAME: _____

TRADE NAME: _____

BUSINESS MAILING ADDRESS: _____
Street / RFD / P.O. Box Town / City Zip Code

BUSINESS LOCATION: _____
Street / RFD Town / City Zip Code

BUSINESS TELEPHONE NUMBER: _____ **FAX NO:** _____

BUSINESS EMAIL (optional): _____

BUSINESS HOURS (indicate days and hours pursuant to RSA 261:103 and SAF-C 2001:15):

MONDAY: _____ **TUESDAY:** _____ **WEDNESDAY:** _____

THURSDAY: _____ **FRIDAY:** _____ **SATURDAY:** _____ **SUNDAY:** _____

OWNERS / PARTNERS / AND IF A CORPORATION, IN ADDITION, ALL OFFICERS:

| Name | Home Address | Date of Birth | Title | Home Phone # |
|------|--------------|---------------|-------|--------------|
| | | | | |
| | | | | |
| | | | | |

1. Is your business name registered with the Secretary of State's Office? YES ☐ NO ☐ (If YES, please attach a copy)
2. Are you principally engaged in the motor vehicle business? YES ☐ NO ☐
3. Does the location and operation of this business meet all local zoning and other regulatory requirements? YES ☐ NO ☐
4. Do you intend to be engaged in the business of buying secondhand motor vehicles for the purpose of remodeling, taking apart or rebuilding same, or the buying or selling of parts of secondhand motor vehicles, or tires or the assembling of secondhand motor vehicle parts to the general public? YES ☐ NO ☐
5. Is this business operated from an enclosed, commercial building? YES ☐ NO ☐
6. Do you own or lease the premises? OWN ☐ LEASE ☐ If leased, a copy of the current lease must be provided.
7. Is the required Dealer Bond on file with the Division of Motor Vehicles? YES ☐ NO ☐

If YES, name of Insurance Company: _____

THIS APPLICATION MUST BE ENDORSED BY A CITY / TOWN OFFICIAL:

I hereby certify that _____ doing business as _____

_____ has obtained a license to operate a Junk Yard business at the above location and has obtained a Certificate of Approval for the location of the Junk Yard as required by RSA 236:115.

Expiration Date of Certificate of Approval: _____

SIGNATURE OF CITY / TOWN OFFICIAL

POSITION

DATE

FOR RENEWAL ONLY:

- A. Has there been any change in ownership or location of this business which has not been previously reported in writing to the Director? YES ☐ NO ☐
- B. Please conduct a physical inventory of all plates issued to your business and list them by letter and location/assignment, in alphabetical order (attached additional sheet if necessary):

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

- C. List any lost / stolen plate(s) not previously reported to the Director of Motor Vehicles and submit a Lost Plate form RDMV 125 for each plate: _____

RENEWAL PLATE FEES:

7,001 lbs. and up: \$30.00
\$0.74 per hundred lbs. \$0.74 per hundred lbs.

LICENSE FEE:

\$125.00

TOTAL AMOUNT ATTACHED: \$

APPLICANT'S CERTIFICATION

In consideration of our application for a Recycling Dealer Registration, I, on behalf of the owners, partners and officers listed as part of this application, do hereby agree to be familiar with, and abide by all applicable statutes and rules, to be principally engaged in the motor vehicle business. I also certify that the location and operation of my business does not violate any existing local ordinance or regulations, and agree to notify the Director of the Division of Motor Vehicles in writing of any change of address or business status, including ownership, 30 days prior to the effective date of such change.

I further understand that a violation of any of the rules and regulations issued by the Director, Division of Motor Vehicles, will be deemed sufficient cause for an administrative hearing and penalties may be imposed.

OWNER'S NAME: _____ TITLE: _____
HOME RESIDENCE ADDRESS: _____
HOME PHONE NUMBER: _____ OWNER'S DATE OF BIRTH: _____

OWNER'S SIGNATURE: _____ DATE: _____

This application is signed and any additional information is offered under the penalty of unsworn falsification pursuant to RSA 641:3.

MOTOR VEHICLE USE ONLY

| | |
|-----------------------|---------------------|
| Date Received: _____ | Received By: _____ |
| Date Reviewed: _____ | Reviewed By: _____ |
| Date Processed: _____ | Processed By: _____ |

Additional Comments: _____

